_		·) <u> </u>	10	/5169	21	7	_	6	05/	(29/
	PATENT	APPLICATI Effe	ON FEE	DETERMINATION RECORD ober 1, 2004				- 1	Application or Docke: Number			
CLAIMS AS FILED - PART I SMALL ENTITY OTHER TIME												
T	OTAL CLAIM	<u> </u>	(Column 1) (Colum			umn 21	1			OF	OTHEI SMALL	R THAN ENTITY
FOR			 			RAT		RATE	FEE		RATE	FEE
TOTAL CHARGEABLE CLAIMS			NUMBE	R FILED	NUM	AREX RABBN		BASIC F	# 55°	Sof	BASIC FEE	·
			<u> </u>	inus 20=	• .	xs s		XS 9=		ÖB	XS16=	
INDEPENDENT CLAIMS MULTIPLE DEPENDENT CLAIM P			minus 3 =				X44=		1	٦	×88=	<u> </u>
M	ULTIPLE DEPE	NDENT CLAIM I	RESENT						1 -	OR	700=	
* If the difference in column 1 is less than zero, enter "						column 2	•	x(56=	- <u> </u>	OR	X300=	
CLAIMS AS AMENDED - PART II										TOTAL		
(Column 2) (Column 3) SMALL ENTITY OF SI											OTHER SMALL	
4		REMAINING		HIGHE		PRESENT			ADDI-	7	O.MALE.	ADDI-
Ē		AFTER -		PREVIO		EXTRA		RATE	TIONAL	- [RATE	TIONAL
AMENDMENT	Total	.16	Minus	-2	0	-	H	XS 9=	TEE	1	XS18=	FEE
2	Independent	. /	Minus	3		=				OR	A318≡	
_	FIRST PRESI	ULTIPLE DE	EPENDENT CLAIM				X43= ·		OR	X86=		
	•			-		+145=		OR	.+290≔			
			•				,	TOTAL VOOIT, FEE	- 1	OR	TOTAL ADDIT. FEE	·
. 1		(Column 1)		(Colum		(Column 3)	_					
enomeni e		REMAINING AFTER AMENDMENT		NUMBI PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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	PIRST PRESE	NTATION OF MU	LTIPLE DEF	PENDENT	LAIM		ŀ	·	 	OR	X86=	
							Ł	+145=		OR	+290=	
		(Column 1)					A	TOTAL DOT FEE		OR ,	TOTAL DOIT. FEEL	
T												
		CLAIMS REMAINING AFTER	•	HIGHES NUMBE PREVIOU	R P	PRESENT	Γ		ADDI-	Γ		ADDI-
: -	Total	AMENDMENT		PAID FO		EXTRA	L	RATE	TIONAL FEE		RATE	TIONAL FEE
	ndependent		Minus	**		=		X\$ 9=		OR	X\$18=	
 			Minus OCO	FMDENT O		=	1	X43=				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM OR X86=												
* If the entry in column 1 is less than the entry in column 2, write '0' in column 3. ### Highest Number Previously Part For' IN THIS Space.											+290=	·
If the "Highest Number Previously Paid For" (Total or Independent) is the highest number lound in the appropriate box in column 1.												
	Aur 31 MOWE	oer Previously Paid	For (Total or	Independent	is the I	righest number t	ouac	oqe see ni t	xod פובווקם:	n colu	mn 1,	